



JOHNS HOPKINS
M E D I C I N E

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BAYVIEW MEDICAL CENTER

The **PEACCE** Initiative

Providers for **E**ngagement, **A**dvocacy, **C**oordination of **C**are & **E**ducation

Disclosures

None

Johns Hopkins Bayview Medical Center

- 4th largest hospital in Maryland
- Academic center
 - Physicians in training
- 20,400 acute inpatient admissions
- 485 licensed beds

The PEACCE Initiative

The mission of the initiative, pulling from the input of nurses and physicians, is focused on improving communication between health providers that ultimately impact patient care and outcomes.



The **PEACCE** Initiative

- Launched in November 2013
- Interdisciplinary Group
 - Administration
 - Nurses
 - Physicians
- First agenda
 - Professional Debriefing Meetings

How busy are health providers?

6:00am to 7:45am
Pre-rounding: By the Intern

7:45am to 8:30am
Morning Report in the MEC

8:30am to 11:00am
(8:30am to 10:00am)
- Rounding on Overnight Admissions)
Rounding on patients

11:00am to 11:45am
Multi-disciplinary Rounds

12:00pm to 1:00pm
Noon Conference in the MEC

1:00pm to 4:00pm
Overseeing tasks for day are completed; Resident is made aware of admissions if it is an admission day

4:00pm to 4:15pm
Rounding with Case Managers to review discharges for following day by the Resident

4:15pm to 5:00pm
Touching base with Attending to update on patient care since morning rounds

5:00pm to 7:00pm
Admission Day: Rounds on new admissions
Non-admission Day: Sign-out to a team's day intern who will stay until 8pm

7:00pm to 8:00pm
Preparation for Sign-out to the Night Team

8:00pm to 9:00pm
Sign-out to Night Team

9:00pm to 6:00am
Night Team is admitting up to four patients and cross covering the house-staff patients

6:00am to 7:45am
Pre-rounding: By the Intern

Doctors' 24-hr day

Charge RN Hours of Duty:

Med A: 12.5 hour shift starting at 7:00
MED B: 12.5 hour shift starting at 6:30

Dayshift Charge RN Duties

| | |
|------------------------|--|
| 0630-0700 (MED B ONLY) | Oncoming Charge RN takes verbal report from outgoing Charge RN |
| 0007-0730 (MED A ONLY) | Oncoming Charge RN takes verbal report from outgoing Charge RN |
| 0845 | Huddles with House Staff Case Manager regarding discharge updates before 2:00 pm |
| 0900-0930 | Attends RTDC in Med Ed Center |
| 1015-1100 | Attends CIMS multidisciplinary rounds in CIMS Room on unit |
| 1100-1200 | Attends House Staff rounds |
| 1200-1300 | Give updates learned in rounds to individual RN's |
| 1300-1315 | Participates in Sitter rounds with DON's |
| 1600 | Huddles with House staff Case Manger provides updates for next day discharges |
| 1730-1800 | Meets with individual RN's for shift updates |
| 1800-1830 | Prepares assignments for oncoming shift |
| 1830-1900 (MED B ONLY) | Gives report to oncoming Charge RN |
| 1900-1930 (MED A ONLY) | Oncoming Charge RN takes report from outgoing Charge RN |

Nightshift Charge RN Duties

| | |
|------------------------|--|
| 1830-1900 (MED B ONLY) | Oncoming Charge RN takes verbal report from outgoing Charge RN |
| 1900-1930 (MED A ONLY) | Oncoming Charge RN takes report from outgoing Charge RN |
| 0100-0400 | Reads all patient progress notes to determine discharge disposition and initiates RTDC paperwork |
| 0530-0600 | Meets with individual RN's for shift updates |
| 0600-0630 | Prepares assignments for oncoming shift |
| 0630-0700 (MED B ONLY) | Gives verbal report to oncoming Charge RN |
| 0700-0730 (MED A ONLY) | Gives verbal report to Oncoming Charge RN |

Nurses' 24-hr day

Professional Debriefing Meetings

- Small Group for 1 hour
 - Nurses (3-4)
 - Day Shift
 - Night Shift
 - Physicians (3-4)
- Icebreakers
- Reviewed barriers to effective communication of plan of care

Professional Debriefing Meetings

- Barriers to effective communication of plan of care
 - Day-shift nurses unaware of plan of care for the day
 - Night-shift nurses unaware of potential discharges for the next day
 - Physicians struggled to find nurses, nurses struggled to find physicians

Professional Debriefing Meetings

- Survey Results after Meetings

“Definitely a worthwhile mission; I think structural changes are the solution. It's not a deficit of respect that prevents me from communicating the plan by 11am - it's that there's no time in my series of tasks to do so.”

- Physician

Professional Debriefing Meetings

- Survey Results after Meetings

“I still like to believe that face-time (one on one interaction) can only better communication in the future. Sure it will take extra effort on the providers part initially but ultimately they will benefit as well. When you can put a face to the name you are speaking with, it is easier to establish trust. We are a team with the same patient outcome in mind and therefore we should always see eye-to-eye.”

- Nurse

Professional Debriefing Meetings

Outcomes

- Six total meetings
 - 24 Nurses
 - 15 Physicians
- Improved professional relationships
- 8:35am Discharge Rounds
- Night Time Physicians easier to identify

8:35am Discharge Rounds

Interdisciplinary

- Case Managers
- Charge Nurses
- Physicians

Patients ready for discharge reviewed

- Discussion of barriers to discharge

The **PEACCE** Initiative

Future Goals

Nurses rounding with physicians

Orientation with interns and nurses

Improving night team communication

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The **PEACCE** Initiative Steering Committee

Michele Applegate, MS, RN-BC, NE

Renee Blanding, MD

Marcie Dawson, MS, RN-BC, NE

Panagis Galiatsatos, MD

John Preto, MS, RN

Sheree Riley

Stacey Schaab, MBA, RN

